Committee Name:
Restore American Labor Force

RECEIVED

2012 AUG 10 AM 7: 56 FEC MAIL CENTER

July 30, 2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via eoordinated communications, to federal candidates or committees.

Respectfully submitted,

J. Bailey Morgan Treasurer

12030880485

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2012 AUG 10 AM 7: 56

			C Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
IRES, TORE AME	ERLCIAN LAB	BOR FORCE				
ADDRESS (number and street)	DDRESS (number and street) 1177 WESIT, 26th, Street					
(Check if address is changed)	LOFT 200					
	CITY A BAKK		STATE A ZIP CODE A			
COMMITTEE'S E-MAIL ADDRE	SS					
(Check if address is changed)	J.B MORBAIN	10 ATT NET				
,	Optional Second E-Mail Ad	ddress				
						
COMMITTEE'S WEB PAGE ADD	DRESS (URL)					
(Check if address is changed)						
	<u> </u>					
2. DATE [0] 2012						
3. FEC IDENTIFICATION NUMBER ▶ C						
4. IS THIS STATEMENT (N) OR AMENDED (A)						
I certify that I have examined th	nis Statement and to the bes	t of my knowledge and belief i	is true, correct and complete.			
Type or Print Name of Treasurer <u>J. Bailey Morgan</u>						
Signature of Treasurer	J Bailey Mo	pa	Date 07 30 2012			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100				

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TYPE OF COMMITTEE Candidate Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	<u> </u>					
Candidate Party Affiliation	Office State On Sought: House Senate President District					
(c) 📋	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate	1 1					
Party Con	nmittee: (National, State Democratic,					
(d)	This committee is a or subordinate) committee of the Republican, etc.) Party.					
Political A	Political Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
	Corporation Corporation Wo Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser						
1.	FEC ID number C					
2.	FEC IQ number C					
3.	FEC ID number C					
	town the contraction of the first of the fir					

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Write or Type Committee	Name					
RESTORE +	AMERICAN LABOR FACE					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PA						
Mailing Address						
	CITY STATE	ZIP CODE				
Relationshin: Conf	nected Organization	Leadership PAC Sponsor				
E.A.	· · · · · · · · · · · · · · · · · · ·					
books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee				
Full Name	, ,B,₱,1, ,L€Y, , ,M,O,R,G,A,N, , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 				
Mailing Address	117.7, N. 26, 15, 7, #1200, 1					
	[MY] [1]	00011-1-				
Title or Position	CITY STATE	ZIP CODE				
IT, R, E, A, S, U, R, E	Telephone number 917	1-13391-0-132				
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer	B,A,1,L,€,Y, ,M,O,R,&,AN, , , , , , , , , , , , , , , , , , ,					
Mailing Address	1777, W. 29 St. # 200					
	NY, Nº 119991					
	CITY STATE	ZIP CODE				
Title or Position	1 _,	1.1 .11				
	Telephone number	J~ <u>L_</u>				

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		· .	
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 	
Mailing Address			
·	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	CITY STATE	ZIP CODE	
Title or Position	Telephone number	السا-لسيا	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
safety deposit bo	oxes or maintains funds. Depository, etc.		
safety deposit bo	Depository, etc.	<u> </u>	
safety deposit bo	oxes or maintains funds. Depository, etc.		
safety deposit bo Name of Bank, I	Depository, etc.	<u></u>	
safety deposit bo Name of Bank, I	Depository, etc. [T_DB_A_N_K	<u></u>	
safety deposit bo Name of Bank, I	Depository, etc. [T_DB_A_N_K	ZIP CODE	
safety deposit bo Name of Bank, I	Depository, etc. [T_DB_A_MK	<u></u>	
safety deposit bo Name of Bank, i Mailing Address	Depository, etc. [T_DB_A_MK	<u></u>	
safety deposit bo Name of Bank, i Mailing Address	Depository, etc. T_D_BANK 20 0 W EST 26 ST NY NY NO NO CITY STATE		
safety deposit be Name of Bank, if Malling Address	Depository, etc. T_D_BANK 20 0 W EST 26 ST NY NY NO NO CITY STATE	<u></u>	
safety deposit be Name of Bank, if Malling Address	Depository, etc. T_D_BANK 20 0 W EST 26 ST NY NY NO NO CITY STATE		

Federal Election Commissi ENVELOPE REPLACEMENT PAGE FOR INC The FEC added this page to the end of this filing to the	OMING BOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked .
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature	e Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next I	Business Day Delivery
Received from House Records & Registration Office	Date of Receipt ce
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ate of Receipt or Postmarked
JACI	8/18/12
(3/2005)	DATE PREPARED